

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR OUR LADY OF PEACE HOSPITAL, INC.

IN LIEU OF FORM CMS-2552-96(04/2005)
PREPARED 11/17/2008 8:55

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE
THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS
(42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
CARE COMPLEX	I	15-2018	I	FROM 7/ 1/2007	I	--AUDITED --DESK REVIEW	I	/ /
COST REPORT CERTIFICATION	I		I	TO 6/30/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
AND SETTLEMENT SUMMARY	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 11/17/2008 TIME 8:55

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY
CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE,
IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR
INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES
AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR
MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:

OUR LADY OF PEACE HOSPITAL, INC. 15-2018

FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2007 AND ENDING 6/30/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND
BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE
WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS
REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN
COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX	
	1	A 2	B 3	4		
1 HOSPITAL		0	93,554	0	0	
100 TOTAL		0	93,554	0	0	

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it
displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time
required to complete this information collection is estimated 662 hours per response, including the time to review instructions,
search existing resources, gather the data needed, and complete and review the information collection. If you have any comments
concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare &
Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and
Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

MCRS/PC-WIN 2552-96 version 1701.000100 - Interface version 264.000100

2552-96 v1701.100

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR OUR LADY OF PEACE HOSPITAL, INC. IN LIEU OF FORM CMS-2552-96 (05/2007)

I PROVIDER NO: I PERIOD: I PREPARED 11/17/2008

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX I 15-2018 I FROM 7/ 1/2007 I WORKSHEET S-2

IDENTIFICATION DATA I I TO 6/30/2008 I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 801 EAST LASALLE AVE, 4TH FLOOR P.O. BOX:

1.01 CITY: SOUTH BEND STATE: IN ZIP CODE: 46617- COUNTY: SAINT JOSEPH

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)
0	1	2	2.01	3	V XVIII XIX 4 5 6
02.00 HOSPITAL	OUR LADY OF PEACE HOSPITAL, INC.	15-2018		8/ 4/2000	N P O

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/ 1/2007 TO: 6/30/2008

18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL

20 SUBPROVIDER

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? N

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO. N

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION DATE / /

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2.

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? N

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c) (3) OR 42 CFR 412.105(f) (1) (iv) (B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) N

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c) (4) OR 42 CFR 412.105(f) (1) (iv) (C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS) N

26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0

26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /

2552-96 v1701.100

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR OUR LADY OF PEACE HOSPITAL, INC. IN LIEU OF FORM CMS-2552-96 (05/2007) CONTD
 I PROVIDER NO: I PERIOD: I PREPARED 11/17/2008
 HOSPITAL & HOSPITAL HEALTH CARE COMPLEX I 15-2018 I FROM 7/ 1/2007 I WORKSHEET S-2
 IDENTIFICATION DATA I I TO 6/30/2008 I

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? N
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10?
 IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER.
 IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y HO0031
 40.01 NAME: SAINT JOSEPH REGIONAL MEDICAL CENTER FI/CONTRACTOR NAME ADMINISTAR FEDERAL FI/CONTRACTOR #
 40.02 STREET: 801 EAST LASALLE P.O. BOX:
 40.03 CITY: SOUTH BEND STATE: IN ZIP CODE: 46617-
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? N
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? Y
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
 46 IF YOU ARE PARTICIPATING IN THE NHCNQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF)
 DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).
 IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR
 CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT.
 (SEE 42 CFR 413.13.)

	PART A	PART B	ASC	RADIOLOGY	DIAGNOSTIC	
	1	2	3	4	5	
47.00 HOSPITAL	N	N	N	N	N	
52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS)						Y
52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV						N
53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.						0
53.01 MDH PERIOD: BEGINNING: / / ENDING: / /						
54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:						
PREMIUMS:			0			
PAID LOSSES:			0			
AND/OR SELF INSURANCE:			0			
54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.						N
55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO.						N
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.						
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.						0
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.						0.00
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.						0.00
57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?						N
58 ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.						N
58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y"FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).						0
59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)						Y
60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)						N
60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y"FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).						0

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

1	ADULTS & PEDIATRICS
2	HMO
2	01 HMO - (IRF PPS SUBPROVIDER)
3	ADULTS & PED-SB SNF
4	ADULTS & PED-SB NF
5	TOTAL ADULTS AND PEDS
12	TOTAL
13	RPCH VISITS
16	NURSING FACILITY
25	TOTAL
26	OBSERVATION BED DAYS
27	AMBULANCE TRIPS
28	EMPLOYEE DISCOUNT DAYS
28	01 EMP DISCOUNT DAYS -IRF

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1 ADULTS & PEDIATRICS
2 HMO
2 01 HMO - (IRF PPS SUBPROVIDER)
3 ADULTS & PED-SB SNF
4 ADULTS & PED-SB NF
5 TOTAL ADULTS AND PEDS
12 TOTAL
13 RPCH VISITS
16 NURSING FACILITY
25 TOTAL
26 OBSERVATION BED DAYS
27 AMBULANCE TRIPS
28 EMPLOYEE DISCOUNT DAYS
28 01 EMP DISCOUNT DAYS -IRF

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1 ADULTS & PEDIATRICS
2 HMO
2 01 HMO - (IRF PPS SUBPROVIDER)
3 ADULTS & PED-SB SNF
4 ADULTS & PED-SB NF
5 TOTAL ADULTS AND PEDS
12 TOTAL
13 RPCH VISITS
16 NURSING FACILITY
25 TOTAL
26 OBSERVATION BED DAYS
27 AMBULANCE TRIPS
28 EMPLOYEE DISCOUNT DAYS
28 01 EMP DISCOUNT DAYS -IRF

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HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR OUR LADY OF PEACE HOSPITAL, INC. IN LIEU OF FORM CMS-2552-96 (05/2004)

I PROVIDER NO: I PERIOD: I PREPARED 11/17/2008

HOSPITAL WAGE INDEX INFORMATION I 15-2018 I FROM 7/ 1/2007 I WORKSHEET S-3

I I TO 6/30/2008 I PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	3,254,055		3,254,055	118,890.00	27.37	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES						
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:						
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	904,499		904,499			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS						CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FQHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS				1,440.75		
22 ADMINISTRATIVE & GENERAL	450,537		450,537	8,508.75	52.95	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT						
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING						
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY						
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	127,703		127,703	4,200.00	30.41	
31 CENTRAL SERVICE AND SUPPLY						
32 PHARMACY	278,147		278,147	6,913.92	40.23	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	34,716		34,716	2,015.50	17.22	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	3,254,055		3,254,055	118,890.00	27.37	
2 EXCLUDED AREA SALARIES						
3 SUBTOTAL SALARIES	3,254,055		3,254,055	118,890.00	27.37	
4 SUBTOTAL OTHER WAGES & RELATED COSTS						
5 SUBTOTAL WAGE-RELATED COSTS	904,499		904,499		27.80	
6 TOTAL	4,158,554		4,158,554	118,890.00	34.98	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						

13	TOTAL OVERHEAD COSTS	891,103	891,103	23,078.92	38.61
2552-96	v1701.100				

HEALTH FINANCIAL SYSTEMS	MCRS/PC-WIN	FOR OUR LADY OF PEACE HOSPITAL, INC.	IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)
		I PROVIDER NO:	I PERIOD:
		I 15-2018	I FROM 7/ 1/2007
		I	I TO 6/30/2008
		I	I

HOSPITAL UNCOMPENSATED CARE DATA

PREPARED 11/17/2008
WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION	
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04
2.01	IS IT AT THE TIME OF ADMISSION?
2.02	IS IT AT THE TIME OF FIRST BILLING?
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
2.04	
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?
	UNCOMPENSATED CARE REVENUES
17	REVENUE FROM UNCOMPENSATED CARE 20,899
17.01	GROSS MEDICAID REVENUES
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
20	RESTRICTED GRANTS
21	NON-RESTRICTED GRANTS
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES 20,899
	UNCOMPENSATED CARE COST
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .374405
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS

31 UNCOMPENSATED CARE COST (LINE 24 * LINE 30)
32 TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL
(SUM OF LINES 25, 27, AND 29)

2552-96 v1701.100

HEALTH FINANCIAL SYSTEMS	MCRS/PC-WIN	FOR OUR LADY OF PEACE HOSPITAL, INC.	IN LIEU OF FORM CMS-2552-96(9/1996)
		I PROVIDER NO:	I PERIOD:
RECLASSIFICATION AND ADJUSTMENT OF		I 15-2018	I FROM 7/ 1/2007 I PREPARED 11/17/2008
TRIAL BALANCE OF EXPENSES		I	I TO 6/30/2008 I WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
			1	2	3	4	5
		GENERAL SERVICE COST CNTR					
1	0100	OLD CAP REL COSTS-BLDG & FIXT					
2	0200	OLD CAP REL COSTS-MVBLE EQUIP					
3	0300	NEW CAP REL COSTS-BLDG & FIXT				466,148	466,148
4	0400	NEW CAP REL COSTS-MVBLE EQUIP				193,559	193,559
5	0500	EMPLOYEE BENEFITS		904,499	904,499		904,499
6	0600	ADMINISTRATIVE & GENERAL	450,537	2,099,102	2,549,639	-659,707	1,889,932
9	0900	LAUNDRY & LINEN SERVICE		87,759	87,759		87,759
11	1100	DIETARY		103,055	103,055		103,055
14	1400	NURSING ADMINISTRATION	127,703	122	127,825		127,825
16	1600	PHARMACY	278,147	885,881	1,164,028	-896,692	267,336
17	1700	MEDICAL RECORDS & LIBRARY	34,716	11,934	46,650		46,650
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	2,362,952	180,453	2,543,405		2,543,405
35	3500	NURSING FACILITY					
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM		357,978	357,978		357,978
41	4100	RADIOLOGY-DIAGNOSTIC		321,688	321,688		321,688
42	4200	RADIOLOGY-THERAPEUTIC		45,923	45,923		45,923
44	4400	LABORATORY		241,197	241,197		241,197
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS		32,343	32,343		32,343
48	4800	INTRAVENOUS THERAPY					
49	4900	RESPIRATORY THERAPY		504,816	504,816		504,816
50	5000	PHYSICAL THERAPY		305,583	305,583		305,583
51	5100	OCCUPATIONAL THERAPY		82,517	82,517		82,517
52	5200	SPEECH PATHOLOGY		116,160	116,160		116,160
53	5300	ELECTROCARDIOLOGY		10,742	10,742		10,742
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		321,591	321,591	-1,737	319,854
56	5600	DRUGS CHARGED TO PATIENTS				898,429	898,429
57	5700	RENAL DIALYSIS		366,221	366,221		366,221
		OUTPAT SERVICE COST CNTRS					
61	6100	EMERGENCY					
		SPEC PURPOSE COST CENTERS					
88	8800	INTEREST EXPENSE					
95		SUBTOTALS	3,254,055	6,979,564	10,233,619	-0-	10,233,619
		NONREIMBURS COST CENTERS					
101.		TOTAL	3,254,055	6,979,564	10,233,619	-0-	10,233,619

2552-96 v1701.100

COST CENTER		COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
			6	7
		GENERAL SERVICE COST CNTR		
1	0100	OLD CAP REL COSTS-BLDG & FIXT		
2	0200	OLD CAP REL COSTS-MVBLE EQUIP		
3	0300	NEW CAP REL COSTS-BLDG & FIXT	-1,877	464,271
4	0400	NEW CAP REL COSTS-MVBLE EQUIP		193,559
5	0500	EMPLOYEE BENEFITS	92,316	996,815
6	0600	ADMINISTRATIVE & GENERAL	290,741	2,180,673
9	0900	LAUNDRY & LINEN SERVICE		87,759
11	1100	DIETARY		103,055
14	1400	NURSING ADMINISTRATION		127,825
16	1600	PHARMACY		267,336
17	1700	MEDICAL RECORDS & LIBRARY		46,650
		INPAT ROUTINE SRVC CNTRS		
25	2500	ADULTS & PEDIATRICS		2,543,405
35	3500	NURSING FACILITY		
		ANCILLARY SRVC COST CNTRS		
37	3700	OPERATING ROOM		357,978
41	4100	RADIOLOGY-DIAGNOSTIC		321,688
42	4200	RADIOLOGY-THERAPEUTIC		45,923
44	4400	LABORATORY		241,197
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS		32,343
48	4800	INTRAVENOUS THERAPY		
49	4900	RESPIRATORY THERAPY		504,816
50	5000	PHYSICAL THERAPY		305,583
51	5100	OCCUPATIONAL THERAPY		82,517
52	5200	SPEECH PATHOLOGY		116,160
53	5300	ELECTROCARDIOLOGY		10,742
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		319,854
56	5600	DRUGS CHARGED TO PATIENTS		898,429
57	5700	RENAL DIALYSIS		366,221
		OUTPAT SERVICE COST CNTRS		
61	6100	EMERGENCY		
		SPEC PURPOSE COST CENTERS		
88	8800	INTEREST EXPENSE		-0-
95		SUBTOTALS	381,180	10,614,799
		NONREIMBURS COST CENTERS		
101.		TOTAL		10,614,799

2552-96 v1701.100

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR OUR LADY OF PEACE HOSPITAL, INC. IN LIEU OF FORM CMS-2552-96(9/1996)

I PROVIDER NO: I PERIOD: I PREPARED 11/17/2008

I 15-2018 I FROM 7/ 1/2007 I NOT A CMS WORKSHEET

I I TO 6/30/2008 I

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
9	LAUNDRY & LINEN SERVICE	0900	
11	DIETARY	1100	
14	NURSING ADMINISTRATION	1400	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
35	NURSING FACILITY	3500	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
44	LABORATORY	4400	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
101.	TOTAL	0000	

2552-96 v1701.100

RECLASSIFICATIONS

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry. Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate. See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

2552-96 v1701.100

RECLASSIFICATIONS

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry. Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate. See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR OUR LADY OF PEACE HOSPITAL, INC. IN LIEU OF FORM CMS-2552-96 (09/1996)
 ANALYSIS OF CHANGES DURING COST REPORTING PERIOD IN CAPITAL I PROVIDER NO: I PERIOD: I PREPARED 11/17/2008
 ASSET BALANCES OF HOSPITAL AND HOSPITAL HEALTH CARE I 15-2018 I FROM 7/ 1/2007 I WORKSHEET A-7
 COMPLEX CERTIFIED TO PARTICIPATE IN HEALTH CARE PROGRAMS I I TO 6/30/2008 I PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND							
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURE							
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT							
7	SUBTOTAL							
8	RECONCILING ITEMS							
9	TOTAL							

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND							
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURE	43,736					43,736	
4	BUILDING IMPROVEMEN		4,270		4,270		4,270	
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	336,302	137,604		137,604	3,090	470,816	26,084
7	SUBTOTAL	380,038	141,874		141,874	3,090	518,822	26,084
8	RECONCILING ITEMS							
9	TOTAL	380,038	141,874		141,874	3,090	518,822	26,084

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR OUR LADY OF PEACE HOSPITAL, INC. IN LIEU OF FORM CMS-2552-96(12/1999)
RECONCILIATION OF CAPITAL COSTS CENTERS I PROVIDER NO: I PERIOD: I PREPARED 11/17/2008
I 15-2018 I FROM 7/ 1/2007 I WORKSHEET A-7
I I TO 6/30/2008 I PARTS III & IV

PART III - RECONCILIATION OF CAPITAL COST CENTERS

*	DESCRIPTION	COMPUTATION OF RATIOS		RATIO	ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITIALIZED GROSS ASSETS LEASES 2		INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL			1.000000				

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1)
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL		460,258		3,874		139	464,271
4	NEW CAP REL COSTS-MV	59,902					133,657	193,559
5	TOTAL	59,902	460,258		3,874		133,796	657,830

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1)
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL							

* All lines numbers except line 5 are to be consistent with Worksheet A line numbers for capital cost centers.
(1) The amounts on lines 1 thru 4 must equal the corresponding amounts on Worksheet A, column 7, lines 1 thru 4.
Columns 9 through 14 should include related Worksheet A-6 reclassifications and Worksheet A-8 adjustments. (See instructions).

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR OUR LADY OF PEACE HOSPITAL, INC. IN LIEU OF FORM CMS-2552-96 (05/1999)

I PROVIDER NO: I PERIOD: I PREPARED 11/17/2008

ADJUSTMENTS TO EXPENSES I 15-2018 I FROM 7/ 1/2007 I WORKSHEET A-8

I I TO 6/30/2008 I

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO	WKST. A-7 REF.
			COST CENTER			
1	1	2	3		4	5
1			OLD CAP REL COSTS-BLDG &		1	
2			OLD CAP REL COSTS-MVBLE E		2	
3			NEW CAP REL COSTS-BLDG &		3	
4			NEW CAP REL COSTS-MVBLE E		4	
5						
6						
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(1) Description - all chapter references in this column pertain to CMS Pub. 15-I.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR OUR LADY OF PEACE HOSPITAL, INC. IN LIEU OF FORM CMS-2552-96 (09/2000)
 STATEMENT OF COSTS OF SERVICES I PROVIDER NO: I PERIOD: I PREPARED 11/17/2008
 FROM RELATED ORGANIZATIONS AND I 15-2018 I FROM 7/ 1/2007 I
 HOME OFFICE COSTS I I TO 6/30/2008 I WORKSHEET A-8-1

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	16	PHARMACY	DRUG SUPPLIES	196,594	196,594	
2	6	ADMINISTRATIVE & GENERAL	CONTRACTED P.S. SJRMC	1,455,718	993,655	462,063
3	6	ADMINISTRATIVE & GENERAL	COPY SHOP FORMS SJRMC	19,701	19,701	
4	6	ADMINISTRATIVE & GENERAL	INSURANCE EXPENSE	4,952	7,875	-2,923
4.01	6	ADMINISTRATIVE & GENERAL	CONTRACTED P.S. CREDENTIALIA	25,562	25,562	
4.02	5	EMPLOYEE BENEFITS	PENSION/401K EMPL MATCH	218,794	133,373	85,421
4.03	5	EMPLOYEE BENEFITS	RETIRE HEALTH	2,608	-26,974	29,582
4.05	5	EMPLOYEE BENEFITS	FRINGE EXPENSE	5,808	10,337	-4,529
4.06	5	EMPLOYEE BENEFITS	WORKMAN'S COMP	3,991	22,149	-18,158
4.07	50	PHYSICAL THERAPY	CONTRACTED P.S.	303,921	303,921	
4.08	52	SPEECH PATHOLOGY	CONTRACTED P.S.	116,160	116,160	
4.09	51	OCCUPATIONAL THERAPY	CONTRACTED P.S.	82,517	82,517	
4.10	50	PHYSICAL THERAPY	CONTRACTED P.S.	1,123	1,123	
4.11	50	PHYSICAL THERAPY	CONTRACTED P.S.	540	540	
4.12	49	RESPIRATORY THERAPY	CONTRACTED P.S.	504,816	504,816	
4.13	53	ELECTROCARDIOLOGY	CONTRACTED P.S.	5,269	5,269	
4.14	53	ELECTROCARDIOLOGY	CONTRACTED P.S.	204	204	
4.15	53	ELECTROCARDIOLOGY	CONTRACTED P.S.	5,269	5,269	
4.16	41	RADIOLOGY-DIAGNOSTIC	CONTRACTED P.S.	1,564	1,564	
4.17	41	RADIOLOGY-DIAGNOSTIC	CONTRACTED P.S.	3,124	3,124	
4.18	41	RADIOLOGY-DIAGNOSTIC	CONTRACTED P.S.	29,639	29,639	
4.19	41	RADIOLOGY-DIAGNOSTIC	CONTRACTED P.S.	48,772	48,772	
4.20	41	RADIOLOGY-DIAGNOSTIC	CONTRACTED P.S.	9,806	9,806	
4.21	41	RADIOLOGY-DIAGNOSTIC	CONTRACTED P.S.	14,356	14,356	
4.22	41	RADIOLOGY-DIAGNOSTIC	CONTRACTED P.S.	72,953	72,953	
4.23	41	RADIOLOGY-DIAGNOSTIC	CONTRACTED P.S.	1,108	1,108	
4.24	42	RADIOLOGY-THERAPEUTIC	CONTRACTED P.S.	45,923	45,923	
4.25	57	RENAL DIALYSIS	CONTRACTED P.S.	366,221	366,221	
4.26	37	OPERATING ROOM	CONTRACTED P.S.	294,760	294,760	
4.27	37	OPERATING ROOM	CONTRACTED P.S.	38,837	38,837	
4.28	37	OPERATING ROOM	CONTRACTED P.S.	6,991	6,991	
4.29	37	OPERATING ROOM	CONTRACTED P.S.	20,095	20,095	
4.30	25	ADULTS & PEDIATRICS	CONTRACTED P.S.	16,582	16,582	
4.31	6	ADMINISTRATIVE & GENERAL	CONTRACTED P.S. - SOUTH B	326,400	326,400	
4.32	6	ADMINISTRATIVE & GENERAL	POSTAGE	963	963	
4.33	3	NEW CAP REL COSTS-BLDG &	LEASE OF SPACE	462,135	462,135	10
4.34	4	NEW CAP REL COSTS-MVBLE E	LEASE OF EQUIPMENT	27,216	27,216	10
4.35	55	MEDICAL SUPPLIES CHARGED	MEDICAL SUPPLIES	17,853	17,853	
4.36	9	LAUNDRY & LINEN SERVICE	LAUNDRY	87,763	87,763	
4.37	11	DIETARY	DIETARY	112,743	112,743	
4.38	6	ADMINISTRATIVE & GENERAL	WOUND CARE	8,130	8,130	
5		TOTALS		4,967,481	4,416,025	551,456

* THE AMOUNTS ON LINES 1-4 AND SUBSCRIPTS AS APPROPRIATE ARE TRANSFERRED IN DETAIL TO WORKSHEET A, COLUMN 6, LINES AS APPROPRIATE. POSITIVE AMOUNTS INCREASE COST AND NEGATIVE AMOUNTS DECREASE COST. FOR RELATED ORGANIZATIONAL OR HOME OFFICE COST WHICH HAS NOT BEEN POSTED TO WORKSHEET A, COLUMNS 1 AND/OR 2, THE AMOUNT ALLOWABLE SHOULD BE IN COLUMN 4 OF THIS PART.

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(B) (1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THIS INFORMATION IS USED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	G	SJRCM, INC.	0.00	0.00	PARENT GROUP
2	G	SJRCM, SOUTH BEND	0.00	0.00	HOSPITAL
3	G	SJRCM, MISHAWAKA	0.00	0.00	HOSPITAL
4	G	TRINITY HEALTH	0.00	0.00	PARENT GROUP
5			0.00	0.00	

(1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

- INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
- CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
- PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS A FINANCIAL INTEREST IN RELATED ORGANIZATION.
- INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
- OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.
SISTER ORGANIZATION

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR OUR LADY OF PEACE HOSPITAL, INC. IN LIEU OF FORM CMS-2552-96(9/1997)

I PROVIDER NO: I PERIOD: I PREPARED 11/17/2008

COST ALLOCATION STATISTICS I 15-2018 I FROM 7/ 1/2007 I NOT A CMS WORKSHEET

I I TO 6/30/2008 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	3	SQUARE	FOOTAGE	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	3	SQUARE	FOOTAGE	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FOOTAGE	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	SQUARE	FOOTAGE	ENTERED
5	EMPLOYEE BENEFITS	#	ACCUM.	COST	NOT ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
9	LAUNDRY & LINEN SERVICE	#	ACCUM.	COST	NOT ENTERED
11	DIETARY	#	ACCUM.	COST	NOT ENTERED
14	NURSING ADMINISTRATION	#	ACCUM.	COST	NOT ENTERED
16	PHARMACY	#	ACCUM.	COST	NOT ENTERED
17	MEDICAL RECORDS & LIBRARY	#	ACCUM.	COST	NOT ENTERED

2552-96 v1701.100

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR OUR LADY OF PEACE HOSPITAL, INC. IN LIEU OF FORM CMS-2552-96(9/1997)

I PROVIDER NO: I PERIOD: I PREPARED 11/17/2008

COST ALLOCATION - GENERAL SERVICE COSTS I 15-2018 I FROM 7/ 1/2007 I WORKSHEET B

I I TO 6/30/2008 I PART I

	COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS
		0	1	2	3	4	4a.00	5
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &	464,271			464,271			
004	NEW CAP REL COSTS-MVBLE E	193,559				193,559		
005	EMPLOYEE BENEFITS	996,815					996,815	996,815
006	ADMINISTRATIVE & GENERAL	2,180,673			464,271	193,559	2,838,503	294,182
009	LAUNDRY & LINEN SERVICE	87,759					87,759	9,095
011	DIETARY	103,055					103,055	10,681
014	NURSING ADMINISTRATION	127,825					127,825	13,248
016	PHARMACY	267,336					267,336	27,707
017	MEDICAL RECORDS & LIBRARY	46,650					46,650	4,835
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	2,543,405					2,543,405	263,601
035	NURSING FACILITY							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	357,978					357,978	37,101
041	RADIOLOGY-DIAGNOSTIC	321,688					321,688	33,340
042	RADIOLOGY-THERAPEUTIC	45,923					45,923	4,760
044	LABORATORY	241,197					241,197	24,998
046	WHOLE BLOOD & PACKED RED	32,343					32,343	3,352
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	504,816					504,816	52,320
050	PHYSICAL THERAPY	305,583					305,583	31,671
051	OCCUPATIONAL THERAPY	82,517					82,517	8,552
052	SPEECH PATHOLOGY	116,160					116,160	12,039
053	ELECTROCARDIOLOGY	10,742					10,742	1,113
055	MEDICAL SUPPLIES CHARGED	319,854					319,854	33,150
056	DRUGS CHARGED TO PATIENTS	898,429					898,429	93,114
057	RENAL DIALYSIS	366,221					366,221	37,956
	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY							
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	10,614,799			464,271	193,559	10,614,799	996,815
	NONREIMBURS COST CENTERS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	10,614,799			464,271	193,559	10,614,799	996,815

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR OUR LADY OF PEACE HOSPITAL, INC. IN LIEU OF FORM CMS-2552-96(9/1997) CONTD

I PROVIDER NO: I PERIOD: I PREPARED 11/17/2008

COST ALLOCATION - GENERAL SERVICE COSTS I 15-2018 I FROM 7/ 1/2007 I WORKSHEET B

I I TO 6/30/2008 I PART I

	COST CENTER DESCRIPTION	SUBTOTAL 5a.00	ADMINISTRATIVE & GENERAL 6	SUBTOTAL 8a.00	LAUNDRY & LIN EN SERVICE 9	SUBTOTAL 10a.00	DIETARY 11	SUBTOTAL 13a.00
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENERAL	3,132,685	3,132,685					
009	LAUNDRY & LINEN SERVICE	96,854	40,552	137,406	137,406			
011	DIETARY	113,736	47,620	161,356	2,116	163,472	163,472	
014	NURSING ADMINISTRATION	141,073	59,066	200,139	2,625	202,764	3,171	205,935
016	PHARMACY	295,043	123,532	418,575	5,490	424,065	6,633	430,698
017	MEDICAL RECORDS & LIBRARY	51,485	21,556	73,041	958	73,999	1,157	75,156
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	2,807,006	1,175,263	3,982,269	52,222	4,034,491	63,107	4,097,598
035	NURSING FACILITY							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	395,079	165,416	560,495	7,351	567,846	8,882	576,728
041	RADIOLOGY-DIAGNOSTIC	355,028	148,647	503,675	6,606	510,281	7,981	518,262
042	RADIOLOGY-THERAPEUTIC	50,683	21,220	71,903	943	72,846	1,139	73,985
044	LABORATORY	266,195	111,453	377,648	4,953	382,601	5,984	388,585
046	WHOLE BLOOD & PACKED RED	35,695	14,945	50,640	664	51,304	802	52,106
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	557,136	233,267	790,403	10,366	800,769	12,525	813,294
050	PHYSICAL THERAPY	337,254	141,205	478,459	6,275	484,734	7,582	492,316
051	OCCUPATIONAL THERAPY	91,069	38,130	129,199	1,694	130,893	2,047	132,940
052	SPEECH PATHOLOGY	128,199	53,676	181,875	2,385	184,260	2,882	187,142
053	ELECTROCARDIOLOGY	11,855	4,964	16,819	221	17,040	267	17,307
055	MEDICAL SUPPLIES CHARGED	353,004	147,799	500,803	6,568	507,371	7,936	515,307
056	DRUGS CHARGED TO PATIENTS	991,543	415,149	1,406,692	18,449	1,425,141	22,291	1,447,432
057	RENAL DIALYSIS	404,177	169,225	573,402	7,520	580,922	9,086	590,008
	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY							
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	10,614,799	3,132,685	10,614,799	137,406	10,614,799	163,472	10,614,799
	NONREIMBURS COST CENTERS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	10,614,799	3,132,685	10,614,799	137,406	10,614,799	163,472	10,614,799

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR OUR LADY OF PEACE HOSPITAL, INC. IN LIEU OF FORM CMS-2552-96(9/1997)CONTD

I PROVIDER NO: I PERIOD: I PREPARED 11/17/2008

COST ALLOCATION - GENERAL SERVICE COSTS I 15-2018 I FROM 7/ 1/2007 I WORKSHEET B

I I TO 6/30/2008 I PART I

	COST CENTER DESCRIPTION	NURSING ADMIN ISTRATION	SUBTOTAL	PHARMACY	SUBTOTAL	MEDICAL RECOR DS & LIBRARY	SUBTOTAL	I&R COST POST STEP- DOWN ADJ
		14	15a.00	16	16a.00	17	25	26
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENERAL							
009	LAUNDRY & LINEN SERVICE							
011	DIETARY							
014	NURSING ADMINISTRATION	205,935						
016	PHARMACY	8,521	439,219	439,219				
017	MEDICAL RECORDS & LIBRARY	1,487	76,643	3,308	79,951	79,951		
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	81,068	4,178,666	180,366	4,359,032	33,083	4,392,115	
035	NURSING FACILITY							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	11,411	588,139	25,386	613,525	4,656	618,181	
041	RADIOLOGY-DIAGNOSTIC	10,254	528,516	22,813	551,329	4,184	555,513	
042	RADIOLOGY-THERAPEUTIC	1,464	75,449	3,257	78,706	597	79,303	
044	LABORATORY	7,688	396,273	17,105	413,378	3,137	416,515	
046	WHOLE BLOOD & PACKED RED	1,031	53,137	2,294	55,431	421	55,852	
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	16,091	829,385	35,800	865,185	6,566	871,751	
050	PHYSICAL THERAPY	9,740	502,056	21,671	523,727	3,975	527,702	
051	OCCUPATIONAL THERAPY	2,630	135,570	5,852	141,422	1,073	142,495	
052	SPEECH PATHOLOGY	3,703	190,845	8,238	199,083	1,511	200,594	
053	ELECTROCARDIOLOGY	342	17,649	762	18,411	140	18,551	
055	MEDICAL SUPPLIES CHARGED	10,195	525,502	22,683	548,185	4,160	552,345	
056	DRUGS CHARGED TO PATIENTS	28,637	1,476,069	63,713	1,539,782	11,685	1,551,467	
057	RENAL DIALYSIS	11,673	601,681	25,971	627,652	4,763	632,415	
	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY							
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	205,935	10,614,799	439,219	10,614,799	79,951	10,614,799	
	NONREIMBURS COST CENTERS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	205,935	10,614,799	439,219	10,614,799	79,951	10,614,799	

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR OUR LADY OF PEACE HOSPITAL, INC. IN LIEU OF FORM CMS-2552-96 (9/1997) CONTD

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/17/2008
I	15-2018	I	FROM 7/ 1/2007	I	WORKSHEET B
I		I	TO 6/30/2008	I	PART I

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION		TOTAL
		27
	GENERAL SERVICE COST CNTR	
001	OLD CAP REL COSTS-BLDG &	
002	OLD CAP REL COSTS-MVBLE E	
003	NEW CAP REL COSTS-BLDG &	
004	NEW CAP REL COSTS-MVBLE E	
005	EMPLOYEE BENEFITS	
006	ADMINISTRATIVE & GENERAL	
009	LAUNDRY & LINEN SERVICE	
011	DIETARY	
014	NURSING ADMINISTRATION	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	4,392,115
035	NURSING FACILITY	
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	618,181
041	RADIOLOGY-DIAGNOSTIC	555,513
042	RADIOLOGY-THERAPEUTIC	79,303
044	LABORATORY	416,515
046	WHOLE BLOOD & PACKED RED	55,852
048	INTRAVENOUS THERAPY	
049	RESPIRATORY THERAPY	871,751
050	PHYSICAL THERAPY	527,702
051	OCCUPATIONAL THERAPY	142,495
052	SPEECH PATHOLOGY	200,594
053	ELECTROCARDIOLOGY	18,551
055	MEDICAL SUPPLIES CHARGED	552,345
056	DRUGS CHARGED TO PATIENTS	1,551,467
057	RENAL DIALYSIS	632,415
	OUTPAT SERVICE COST CNTRS	
061	EMERGENCY	
	SPEC PURPOSE COST CENTERS	
095	SUBTOTALS	10,614,799
	NONREIMBURS COST CENTERS	
101	CROSS FOOT ADJUSTMENT	
102	NEGATIVE COST CENTER	
103	TOTAL	10,614,799

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR OUR LADY OF PEACE HOSPITAL, INC. IN LIEU OF FORM CMS-2552-96(9/1996)

I PROVIDER NO: I PERIOD: I PREPARED 11/17/2008

ALLOCATION OF NEW CAPITAL RELATED COSTS I 15-2018 I FROM 7/ 1/2007 I WORKSHEET B

I I TO 6/30/2008 I PART III

	COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENE FITS 5
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENERAL				464,271	193,559	657,830	
009	LAUNDRY & LINEN SERVICE							
011	DIETARY							
014	NURSING ADMINISTRATION							
016	PHARMACY							
017	MEDICAL RECORDS & LIBRARY							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS							
035	NURSING FACILITY							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM							
041	RADIOLOGY-DIAGNOSTIC							
042	RADIOLOGY-THERAPEUTIC							
044	LABORATORY							
046	WHOLE BLOOD & PACKED RED							
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY							
050	PHYSICAL THERAPY							
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY							
055	MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENTS							
057	RENAL DIALYSIS							
	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY							
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS				464,271	193,559	657,830	
	NONREIMBURS COST CENTERS							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL				464,271	193,559	657,830	

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR OUR LADY OF PEACE HOSPITAL, INC. IN LIEU OF FORM CMS-2552-96(9/1996) CONTD

I PROVIDER NO: I PERIOD: I PREPARED 11/17/2008

ALLOCATION OF NEW CAPITAL RELATED COSTS I 15-2018 I FROM 7/ 1/2007 I WORKSHEET B

I I TO 6/30/2008 I PART III

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	LAUNDRY & LINEN SERVICE	DIETARY	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL
		6	9	11	14	16	17	25
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENERAL	657,830						
009	LAUNDRY & LINEN SERVICE	8,515	8,515					
011	DIETARY	10,000	131	10,131				
014	NURSING ADMINISTRATION	12,403	163	196	12,762			
016	PHARMACY	25,940	340	411	528	27,219		
017	MEDICAL RECORDS & LIBRARY	4,527	59	72	92	205	4,955	
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	246,797	3,235	3,911	5,025	11,177	2,052	272,197
035	NURSING FACILITY							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	34,735	456	550	707	1,573	288	38,309
041	RADIOLOGY-DIAGNOSTIC	31,214	409	494	635	1,414	259	34,425
042	RADIOLOGY-THERAPEUTIC	4,456	58	71	91	202	37	4,915
044	LABORATORY	23,404	307	371	476	1,060	194	25,812
046	WHOLE BLOOD & PACKED RED	3,138	41	50	64	142	26	3,461
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	48,983	643	776	997	2,219	407	54,025
050	PHYSICAL THERAPY	29,651	389	470	604	1,343	246	32,703
051	OCCUPATIONAL THERAPY	8,007	105	127	163	363	66	8,831
052	SPEECH PATHOLOGY	11,271	148	179	229	511	94	12,432
053	ELECTROCARDIOLOGY	1,042	14	17	21	47	9	1,150
055	MEDICAL SUPPLIES CHARGED	31,036	407	492	632	1,406	258	34,231
056	DRUGS CHARGED TO PATIENTS	87,176	1,144	1,381	1,775	3,948	724	96,148
057	RENAL DIALYSIS	35,535	466	563	723	1,609	295	39,191
	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY							
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	657,830	8,515	10,131	12,762	27,219	4,955	657,830
	NONREIMBURS COST CENTERS							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	657,830	8,515	10,131	12,762	27,219	4,955	657,830

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR OUR LADY OF PEACE HOSPITAL, INC. IN LIEU OF FORM CMS-2552-96(9/1996)CONTD

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/17/2008
I	15-2018	I	FROM 7/ 1/2007	I	WORKSHEET B
I		I	TO 6/30/2008	I	PART III

ALLOCATION OF NEW CAPITAL RELATED COSTS

	COST CENTER DESCRIPTION	POST STEPDOWN ADJUSTMENT	TOTAL
		26	27
	GENERAL SERVICE COST CNTR		
001	OLD CAP REL COSTS-BLDG &		
002	OLD CAP REL COSTS-MVBLE E		
003	NEW CAP REL COSTS-BLDG &		
004	NEW CAP REL COSTS-MVBLE E		
005	EMPLOYEE BENEFITS		
006	ADMINISTRATIVE & GENERAL		
009	LAUNDRY & LINEN SERVICE		
011	DIETARY		
014	NURSING ADMINISTRATION		
016	PHARMACY		
017	MEDICAL RECORDS & LIBRARY		
	INPAT ROUTINE SRVC CNTRS		
025	ADULTS & PEDIATRICS		272,197
035	NURSING FACILITY		
	ANCILLARY SRVC COST CNTRS		
037	OPERATING ROOM		38,309
041	RADIOLOGY-DIAGNOSTIC		34,425
042	RADIOLOGY-THERAPEUTIC		4,915
044	LABORATORY		25,812
046	WHOLE BLOOD & PACKED RED		3,461
048	INTRAVENOUS THERAPY		
049	RESPIRATORY THERAPY		54,025
050	PHYSICAL THERAPY		32,703
051	OCCUPATIONAL THERAPY		8,831
052	SPEECH PATHOLOGY		12,432
053	ELECTROCARDIOLOGY		1,150
055	MEDICAL SUPPLIES CHARGED		34,231
056	DRUGS CHARGED TO PATIENTS		96,148
057	RENAL DIALYSIS		39,191
	OUTPAT SERVICE COST CNTRS		
061	EMERGENCY		
	SPEC PURPOSE COST CENTERS		
095	SUBTOTALS		657,830
	NONREIMBURS COST CENTERS		
101	CROSS FOOT ADJUSTMENTS		
102	NEGATIVE COST CENTER		
103	TOTAL		657,830

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR OUR LADY OF PEACE HOSPITAL, INC. IN LIEU OF FORM CMS-2552-96(9/1997)

I PROVIDER NO: I PERIOD: I PREPARED 11/17/2008

COST ALLOCATION - STATISTICAL BASIS I 15-2018 I FROM 7/ 1/2007 I WORKSHEET B-1

I I TO 6/30/2008 I

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	F RECONCIL-) IATION	EMPLOYEE BENE FITS
	(SQUARE OOTAGE	F(SQUARE)OOTAGE	F(SQUARE)OOTAGE	F(SQUARE)OOTAGE		(ACCUM. COST)
	1	2	3	4	5a.00	5
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD	13,000					
003 OLD CAP REL COSTS-MVB		13,000				
004 NEW CAP REL COSTS-BLD			13,000			
005 NEW CAP REL COSTS-MVB				13,000		
006 EMPLOYEE BENEFITS					-996,815	9,617,984
009 ADMINISTRATIVE & GENE	13,000	13,000	13,000	13,000		2,838,503
011 LAUNDRY & LINEN SERVI						87,759
014 DIETARY						103,055
016 NURSING ADMINISTRATIO						127,825
017 PHARMACY						267,336
025 MEDICAL RECORDS & LIB						46,650
035 INPAT ROUTINE SRVC CN						
037 ADULTS & PEDIATRICS						2,543,405
041 NURSING FACILITY						
042 ANCILLARY SRVC COST C						
044 OPERATING ROOM						357,978
046 RADIOLOGY-DIAGNOSTIC						321,688
048 RADIOLOGY-THERAPEUTIC						45,923
049 LABORATORY						241,197
050 WHOLE BLOOD & PACKED						32,343
051 INTRAVENOUS THERAPY						
052 RESPIRATORY THERAPY						504,816
053 PHYSICAL THERAPY						305,583
055 OCCUPATIONAL THERAPY						82,517
056 SPEECH PATHOLOGY						116,160
057 ELECTROCARDIOLOGY						10,742
061 MEDICAL SUPPLIES CHAR						319,854
095 DRUGS CHARGED TO PATI						898,429
101 RENAL DIALYSIS						366,221
102 OUTPAT SERVICE COST C						
103 EMERGENCY						
104 SPEC PURPOSE COST CEN						
105 SUBTOTALS	13,000	13,000	13,000	13,000	-996,815	9,617,984
106 NONREIMBURS COST CENT						
107 CROSS FOOT ADJUSTMENT						
108 NEGATIVE COST CENTER						
109 COST TO BE ALLOCATED			464,271	193,559		996,815
110 (WRKSHT B, PART I)						
111 UNIT COST MULTIPLIER			35.713154			
112 (WRKSHT B, PT I)				14.889154		.103641
113 COST TO BE ALLOCATED						
114 (WRKSHT B, PART II)						
115 UNIT COST MULTIPLIER						
116 (WRKSHT B, PT II)						
117 COST TO BE ALLOCATED						
118 (WRKSHT B, PART III)						
119 UNIT COST MULTIPLIER						
120 (WRKSHT B, PT III)						

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR OUR LADY OF PEACE HOSPITAL, INC. IN LIEU OF FORM CMS-2552-96(9/1997)CONTD

I PROVIDER NO: I PERIOD: I PREPARED 11/17/2008

COST ALLOCATION - STATISTICAL BASIS I 15-2018 I FROM 7/ 1/2007 I WORKSHEET B-1

I I TO 6/30/2008 I

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL		LAUNDRY & LINEN SERVICE		DIETARY		RECONCILIATION
		RECONCILIATION	(ACCUM. COST)	RECONCILIATION	(ACCUM. COST)	RECONCILIATION	(ACCUM. COST)	
		6a.00	6	9a.00	9	11a.00	11	14a.00
001	GENERAL SERVICE COST							
002	OLD CAP REL COSTS-BLD							
003	OLD CAP REL COSTS-MVB							
004	NEW CAP REL COSTS-BLD							
005	NEW CAP REL COSTS-MVB							
006	EMPLOYEE BENEFITS							
009	ADMINISTRATIVE & GENERAL	-3,132,685	7,482,114	-137,406	10,477,393	-163,472	10,451,327	-205,935
011	LAUNDRY & LINEN SERVICE		96,854		161,356		202,764	
014	DIETARY		113,736		200,139		424,065	
016	NURSING ADMINISTRATION		141,073		418,575		73,999	
017	PHARMACY		295,043		73,041			
025	MEDICAL RECORDS & LIBRARY		51,485					
035	INPAT ROUTINE SERVICE CENTER							
037	ADULTS & PEDIATRICS		2,807,006		3,982,269		4,034,491	
041	NURSING FACILITY							
042	ANCILLARY SERVICE COST CENTER							
044	OPERATING ROOM		395,079		560,495		567,846	
046	RADIOLOGY-DIAGNOSTIC		355,028		503,675		510,281	
048	RADIOLOGY-THERAPEUTIC		50,683		71,903		72,846	
049	LABORATORY		266,195		377,648		382,601	
050	WHOLE BLOOD & PACKED		35,695		50,640		51,304	
051	INTRAVENOUS THERAPY							
052	RESPIRATORY THERAPY		557,136		790,403		800,769	
053	PHYSICAL THERAPY		337,254		478,459		484,734	
055	OCCUPATIONAL THERAPY		91,069		129,199		130,893	
056	SPEECH PATHOLOGY		128,199		181,875		184,260	
057	ELECTROCARDIOLOGY		11,855		16,819		17,040	
061	MEDICAL SUPPLIES CHARGE		353,004		500,803		507,371	
095	DRUGS CHARGED TO PATIENT		991,543		1,406,692		1,425,141	
101	RENAL DIALYSIS		404,177		573,402		580,922	
102	OUTPAT SERVICE COST CENTER							
103	EMERGENCY							
104	SPEC PURPOSE COST CENTER							
105	SUBTOTALS	-3,132,685	7,482,114	-137,406	10,477,393	-163,472	10,451,327	-205,935
106	NONREIMBURSABLE COST CENTER							
107	CROSS FOOT ADJUSTMENT							
108	NEGATIVE COST CENTER							
109	COST TO BE ALLOCATED		3,132,685		137,406		163,472	
110	(WORKSHEET B, PART I)							
111	UNIT COST MULTIPLIER		.418690		.013115		.015641	
112	(WORKSHEET B, PART II)							
113	COST TO BE ALLOCATED							
114	(WORKSHEET B, PART II)							
115	UNIT COST MULTIPLIER							
116	(WORKSHEET B, PART III)							
117	COST TO BE ALLOCATED		657,830		8,515		10,131	
118	(WORKSHEET B, PART III)							
119	UNIT COST MULTIPLIER		.087920		.000813		.000969	
120	(WORKSHEET B, PART III)							

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR OUR LADY OF PEACE HOSPITAL, INC. IN LIEU OF FORM CMS-2552-96(9/1997)CONTD

I PROVIDER NO: I PERIOD: I PREPARED 11/17/2008

I 15-2018 I FROM 7/ 1/2007 I WORKSHEET B-1

I TO 6/30/2008 I

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	NURSING ADMIN ISTRATION		PHARMACY		MEDICAL RECOR DS & LIBRARY
		(ACCUM. COST)	RECONCIL- IATION	(ACCUM. COST)	RECONCIL- IATION	(ACCUM. COST)
		14	16a.00	16	17a.00	17
	GENERAL SERVICE COST					
001	OLD CAP REL COSTS-BLD					
002	OLD CAP REL COSTS-MVB					
003	NEW CAP REL COSTS-BLD					
004	NEW CAP REL COSTS-MVB					
005	EMPLOYEE BENEFITS					
006	ADMINISTRATIVE & GENE					
009	LAUNDRY & LINEN SERVI					
011	DIETARY					
014	NURSING ADMINISTRATIO	10,408,864				
016	PHARMACY	430,698	-439,219	10,175,580		
017	MEDICAL RECORDS & LIB	75,156		76,643	-79,951	10,534,848
	INPAT ROUTINE SRVC CN					
025	ADULTS & PEDIATRICS	4,097,598		4,178,666		4,359,032
035	NURSING FACILITY					
	ANCILLARY SRVC COST C					
037	OPERATING ROOM	576,728		588,139		613,525
041	RADIOLOGY-DIAGNOSTIC	518,262		528,516		551,329
042	RADIOLOGY-THERAPEUTIC	73,985		75,449		78,706
044	LABORATORY	388,585		396,273		413,378
046	WHOLE BLOOD & PACKED	52,106		53,137		55,431
048	INTRAVENOUS THERAPY					
049	RESPIRATORY THERAPY	813,294		829,385		865,185
050	PHYSICAL THERAPY	492,316		502,056		523,727
051	OCCUPATIONAL THERAPY	132,940		135,570		141,422
052	SPEECH PATHOLOGY	187,142		190,845		199,083
053	ELECTROCARDIOLOGY	17,307		17,649		18,411
055	MEDICAL SUPPLIES CHAR	515,307		525,502		548,185
056	DRUGS CHARGED TO PATI	1,447,432		1,476,069		1,539,782
057	RENAL DIALYSIS	590,008		601,681		627,652
	OUTPAT SERVICE COST C					
061	EMERGENCY					
	SPEC PURPOSE COST CEN					
095	SUBTOTALS	10,408,864	-439,219	10,175,580	-79,951	10,534,848
	NONREIMBURS COST CENT					
101	CROSS FOOT ADJUSTMENT					
102	NEGATIVE COST CENTER					
103	COST TO BE ALLOCATED	205,935		439,219		79,951
	(PER WRKSHT B, PART					
104	UNIT COST MULTIPLIER					
	(WRKSHT B, PT I)	.019785		.043164		.007589
105	COST TO BE ALLOCATED					
	(PER WRKSHT B, PART					
106	UNIT COST MULTIPLIER					
	(WRKSHT B, PT II)					
107	COST TO BE ALLOCATED	12,762		27,219		4,955
	(PER WRKSHT B, PART					
108	UNIT COST MULTIPLIER					
	(WRKSHT B, PT III)	.001226		.002675		.000470

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS					
35	ADULTS & PEDIATRICS	4,392,115		4,392,115		4,392,115
	NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	618,181		618,181		618,181
41	RADIOLOGY-DIAGNOSTIC	555,513		555,513		555,513
42	RADIOLOGY-THERAPEUTIC	79,303		79,303		79,303
44	LABORATORY	416,515		416,515		416,515
46	WHOLE BLOOD & PACKED RED	55,852		55,852		55,852
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	871,751		871,751		871,751
50	PHYSICAL THERAPY	527,702		527,702		527,702
51	OCCUPATIONAL THERAPY	142,495		142,495		142,495
52	SPEECH PATHOLOGY	200,594		200,594		200,594
53	ELECTROCARDIOLOGY	18,551		18,551		18,551
55	MEDICAL SUPPLIES CHARGED	552,345		552,345		552,345
56	DRUGS CHARGED TO PATIENTS	1,551,467		1,551,467		1,551,467
57	RENAL DIALYSIS	632,415		632,415		632,415
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY					
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	10,614,799		10,614,799		10,614,799
102	LESS OBSERVATION BEDS					
103	TOTAL	10,614,799		10,614,799		10,614,799

2552-96 v1701.100

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS						
	ADULTS & PEDIATRICS	11,924,160		11,924,160			
35	NURSING FACILITY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	1,041,082		1,041,082	.593787	.593787	.593787
41	RADIOLOGY-DIAGNOSTIC	1,189,489		1,189,489	.467018	.467018	.467018
42	RADIOLOGY-THERAPEUTIC	127,764		127,764	.620699	.620699	.620699
44	LABORATORY	2,357,657		2,357,657	.176665	.176665	.176665
46	WHOLE BLOOD & PACKED RED	350,901		350,901	.159167	.159167	.159167
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	2,167,766		2,167,766	.402143	.402143	.402143
50	PHYSICAL THERAPY	503,274		503,274	1.048538	1.048538	1.048538
51	OCCUPATIONAL THERAPY	217,811		217,811	.654214	.654214	.654214
52	SPEECH PATHOLOGY	179,565		179,565	1.117111	1.117111	1.117111
53	ELECTROCARDIOLOGY	69,421		69,421	.267225	.267225	.267225
55	MEDICAL SUPPLIES CHARGED	706,345		706,345	.781976	.781976	.781976
56	DRUGS CHARGED TO PATIENTS	7,277,009		7,277,009	.213201	.213201	.213201
57	RENAL DIALYSIS	238,835		238,835	2.647916	2.647916	2.647916
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	28,351,079		28,351,079			
102	LESS OBSERVATION BEDS						
103	TOTAL	28,351,079		28,351,079			

2552-96 v1701.100

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS						
	ADULTS & PEDIATRICS				272,197		272,197
101	TOTAL				272,197		272,197

2552-96 v1701.100

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	8,597	5,889			31.66	186,446
101	TOTAL	8,597	5,889				186,446

2552-96 v1701.100

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR OUR LADY OF PEACE HOSPITAL, INC. IN LIEU OF FORM CMS-2552-96(09/1996)

I PROVIDER NO: I PERIOD: I PREPARED 11/17/2008

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS I 15-2018 I FROM 7/ 1/2007 I WORKSHEET D

I COMPONENT NO: I TO 6/30/2008 I PART II

I 15-2018 I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST	NEW CAPITAL RELATED COST	TOTAL CHARGES	INPAT PROGRAM CHARGES	OLD CAPITAL CST/CHRG RATIO	COSTS
LINE NO.		1	2	3	4	5	6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		38,309	1,041,082	559,461		
41	RADIOLOGY-DIAGNOSTIC		34,425	1,189,489	608,345		
42	RADIOLOGY-THERAPEUTIC		4,915	127,764	123,864		
44	LABORATORY		25,812	2,357,657	1,484,761		
46	WHOLE BLOOD & PACKED RED		3,461	350,901	285,264		
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY		54,025	2,167,766	1,260,731		
50	PHYSICAL THERAPY		32,703	503,274	331,895		
51	OCCUPATIONAL THERAPY		8,831	217,811	145,148		
52	SPEECH PATHOLOGY		12,432	179,565	94,018		
53	ELECTROCARDIOLOGY		1,150	69,421	55,759		
55	MEDICAL SUPPLIES CHARGED		34,231	706,345	693,763		
56	DRUGS CHARGED TO PATIENTS		96,148	7,277,009	4,797,606		
57	RENAL DIALYSIS		39,191	238,835	158,743		
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
	OTHER REIMBURS COST CNTRS						
101	TOTAL		385,633	16,426,919	10,599,358		

HEALTH FINANCIAL SYSTEMS	MCRS/PC-WIN	FOR OUR LADY OF PEACE HOSPITAL, INC.	IN LIEU OF FORM CMS-2552-96(09/1996) CONTD
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	I	PROVIDER NO:	I PERIOD:
	I	15-2018	I FROM 7/ 1/2007 I
	I	COMPONENT NO:	I TO 6/30/2008 I
	I	15-2018	I

PPS

TITLE XVIII, PART A		HOSPITAL	
WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.036797	20,586
41	RADIOLOGY-DIAGNOSTIC	.028941	17,606
42	RADIOLOGY-THERAPEUTIC	.038469	4,765
44	LABORATORY	.010948	16,255
46	WHOLE BLOOD & PACKED RED	.009863	2,814
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.024922	31,420
50	PHYSICAL THERAPY	.064981	21,567
51	OCCUPATIONAL THERAPY	.040544	5,885
52	SPEECH PATHOLOGY	.069234	6,509
53	ELECTROCARDIOLOGY	.016566	924
55	MEDICAL SUPPLIES CHARGED	.048462	33,621
56	DRUGS CHARGED TO PATIENTS	.013213	63,391
57	RENAL DIALYSIS	.164092	26,048
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		251,391

HEALTH FINANCIAL SYSTEMS	MCRS/PC-WIN	FOR OUR LADY OF PEACE HOSPITAL, INC.	IN LIEU OF FORM CMS-2552-96(11/1998)
		I PROVIDER NO:	I PERIOD:
APPORTIONMENT OF INPATIENT ROUTINE		I 15-2018	I FROM 7/ 1/2007
SERVICE OTHER PASS THROUGH COSTS		I	I TO 6/30/2008
TITLE XVIII, PART A			I PREPARED 11/17/2008
			I WORKSHEET D
			I PART III
		PPS	

WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN	MED EDUCATN	SWING BED	TOTAL	TOTAL	PER DIEM
LINE NO.		ANESTHETIST	COST	ADJ AMOUNT	COSTS	PATIENT DAYS	
		1	2	3	4	5	6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS					8,597	
35	NURSING FACILITY						
101	TOTAL					8,597	

2552-96 v1701.100

HEALTH FINANCIAL SYSTEMS	MCRS/PC-WIN	FOR OUR LADY OF PEACE HOSPITAL, INC.	IN LIEU OF FORM CMS-2552-96(11/1998)
APPORTIONMENT OF INPATIENT ROUTINE	I	PROVIDER NO:	I PERIOD:
SERVICE OTHER PASS THROUGH COSTS	I	15-2018	I FROM 7/ 1/2007 I
TITLE XVIII, PART A	I		I TO 6/30/2008 I
			I PREPARED 11/17/2008
			I WORKSHEET D
			I PART III

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	5,889	
35	NURSING FACILITY		
101	TOTAL	5,889	

2552-96 v1701.100

HEALTH FINANCIAL SYSTEMS	MCRS/PC-WIN	FOR OUR LADY OF PEACE HOSPITAL, INC.	IN LIEU OF FORM CMS-2552-96(04/2005)
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE	I	PROVIDER NO:	I PERIOD: I PREPARED 11/17/2008
OTHER PASS THROUGH COSTS	I	15-2018	I FROM 7/ 1/2007 I WORKSHEET D
	I	COMPONENT NO:	I TO 6/30/2008 I PART IV
	I	15-2018	I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN		MED ED NRS	MED ED ALLIED	MED ED ALL	BLOOD CLOT FOR
LINE NO.		ANESTHETIST		SCHOOL COST	HEALTH COST	OTHER COSTS	HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

2552-96 v1701.100

TITLE XVIII, PART A		HOSPITAL		PPS			
WKST A	COST CENTER DESCRIPTION	TOTAL COSTS	O/P PASS THRU COSTS	TOTAL CHARGES	RATIO OF COST TO CHARGES	O/P RATIO OF COST TO CHARGES	INPAT PROG INPAT PROG
LINE NO.		3	3.01	4	5	5.01	CHARGE 6 PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM			1,041,082			559,461
41	RADIOLOGY-DIAGNOSTIC			1,189,489			608,345
42	RADIOLOGY-THERAPEUTIC			127,764			123,864
44	LABORATORY			2,357,657			1,484,761
46	WHOLE BLOOD & PACKED RED			350,901			285,264
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY			2,167,766			1,260,731
50	PHYSICAL THERAPY			503,274			331,895
51	OCCUPATIONAL THERAPY			217,811			145,148
52	SPEECH PATHOLOGY			179,565			94,018
53	ELECTROCARDIOLOGY			69,421			55,759
55	MEDICAL SUPPLIES CHARGED			706,345			693,763
56	DRUGS CHARGED TO PATIENTS			7,277,009			4,797,606
57	RENAL DIALYSIS			238,835			158,743
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
	OTHER REIMBURS COST CNTRS						
101	TOTAL			16,426,919			10,599,358

PPS

2552-96 v1701.100

HEALTH FINANCIAL SYSTEMS	MCRS/PC-WIN	FOR OUR LADY OF PEACE HOSPITAL, INC.	IN LIEU OF FORM CMS-2552-96(05/2004)
COMPUTATION OF INPATIENT OPERATING COST	I	PROVIDER NO:	I PERIOD:
	I	15-2018	I FROM 7/ 1/2007
	I	COMPONENT NO:	I TO 6/30/2008
	I	15-2018	I

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	8,597
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	8,597
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	8,597
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	5,889
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	4,392,115
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	4,392,115
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	11,817,318
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	11,817,318
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.371668
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,374.59
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	4,392,115

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

```

04 PROGRAM DISCHARGES
05 TARGET AMOUNT PER DISCHARGE
06 TARGET AMOUNT
07 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
08 BONUS PAYMENT
09 LESSOR OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
10 AND COMPOUNDED BY THE MARKET BASKET
11 LESSOR OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
12 BASKET
13 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE
14 LESSOR OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN
15 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)
16 OTHERWISE ENTER ZERO.
17 RELIEF PAYMENT
18 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
19 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
20 PROGRAM DISCHARGES PRIOR TO JULY 1
21 PROGRAM DISCHARGES AFTER JULY 1
22 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
23 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
24 (SEE INSTRUCTIONS) (LTCH ONLY)
25 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
26 (SEE INSTRUCTIONS) (LTCH ONLY)
27 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
28 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)
29 PROGRAM INPATIENT ROUTINE SWING BED COST
30
31 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST
32 REPORTING PERIOD (SEE INSTRUCTIONS)
33 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST
34 REPORTING PERIOD (SEE INSTRUCTIONS)
35 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
36 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE
37 COST REPORTING PERIOD
38 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE
39 COST REPORTING PERIOD
40 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

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2552-96 v1701.100

2552-96 v1701.100

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST
	1	2	3	4	5

		1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	2,525
49	TOTAL PROGRAM INPATIENT COSTS	2,525

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	
52	TOTAL PROGRAM EXCLUDABLE COST	
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	
	TARGET AMOUNT AND LIMIT COMPUTATION	

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54 PROGRAM DISCHARGES
55 TARGET AMOUNT PER DISCHARGE
56 TARGET AMOUNT
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58 BONUS PAYMENT
58.01 LESSOR OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
AND COMPOUNDED BY THE MARKET BASKET
58.02 LESSOR OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
BASKET
58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE
LESSOR OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN
EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)
OTHERWISE ENTER ZERO.
58.04 RELIEF PAYMENT
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
59.03 PROGRAM DISCHARGES AFTER JULY 1
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
(SEE INSTRUCTIONS) (LTCH ONLY)
59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
(SEE INSTRUCTIONS) (LTCH ONLY)
59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

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                                PROGRAM INPATIENT ROUTINE SWING BED COST
60  MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST
    REPORTING PERIOD (SEE INSTRUCTIONS)
61  MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST
    REPORTING PERIOD (SEE INSTRUCTIONS)
62  TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63  TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE
    COST REPORTING PERIOD
64  TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE
    COST REPORTING PERIOD
65  TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

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HEALTH FINANCIAL SYSTEMS	MCRS/PC-WIN	FOR OUR LADY OF PEACE HOSPITAL, INC.	IN LIEU OF FORM CMS-2552-96(05/2004)	CONTD
		I PROVIDER NO:	I PERIOD:	I PREPARED 11/17/2008
COMPUTATION OF INPATIENT OPERATING COST		I 15-2018	I FROM 7/ 1/2007	I WORKSHEET D-1
		I COMPONENT NO:	I TO 6/30/2008	I PART III
		I 15-2018	I	I

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

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66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE
   SERVICE COST
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM
68 PROGRAM ROUTINE SERVICE COST
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS
71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS
72 PER DIEM CAPITAL-RELATED COSTS
73 PROGRAM CAPITAL-RELATED COSTS
74 INPATIENT ROUTINE SERVICE COST
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS
76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION
78 INPATIENT ROUTINE SERVICE COST LIMITATION
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS
80 PROGRAM INPATIENT ANCILLARY SERVICES
81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION
82 TOTAL PROGRAM INPATIENT OPERATING COSTS

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PART IV - COMPUTATION OF OBSERVATION BED COST

		COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
		1	2	3	4	5
86	OLD CAPITAL-RELATED COST					
87	NEW CAPITAL-RELATED COST					
88	NON PHYSICIAN ANESTHETIST					
89	MEDICAL EDUCATION					
89.01	MEDICAL EDUCATION - ALLIED HEA					
89.02	MEDICAL EDUCATION - ALL OTHER					

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR OUR LADY OF PEACE HOSPITAL, INC. IN LIEU OF FORM CMS-2552-96(05/2004)

I PROVIDER NO: I PERIOD: I PREPARED 11/17/2008

I 15-2018 I FROM 7/ 1/2007 I WORKSHEET D-4

I COMPONENT NO: I TO 6/30/2008 I

I 15-2018 I

TITLE XVIII, PART A HOSPITAL

PPS

WKST A	COST CENTER DESCRIPTION	RATIO COST	INPATIENT	INPATIENT
LINE NO.		TO CHARGES	CHARGES	COST
		1	2	3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS		7,608,258	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.593787	559,461	332,201
41	RADIOLOGY-DIAGNOSTIC	.467018	608,345	284,108
42	RADIOLOGY-THERAPEUTIC	.620699	123,864	76,882
44	LABORATORY	.176665	1,484,761	262,305
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.159167	285,264	45,405
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.402143	1,260,731	506,994
50	PHYSICAL THERAPY	1.048538	331,895	348,005
51	OCCUPATIONAL THERAPY	.654214	145,148	94,958
52	SPEECH PATHOLOGY	1.117111	94,018	105,029
53	ELECTROCARDIOLOGY	.267225	55,759	14,900
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.781976	693,763	542,506
56	DRUGS CHARGED TO PATIENTS	.213201	4,797,606	1,022,854
57	RENAL DIALYSIS	2.647916	158,743	420,338
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		10,599,358	4,056,485
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES		10,599,358	

2552-96 v1701.100

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR OUR LADY OF PEACE HOSPITAL, INC. IN LIEU OF FORM CMS-2552-96(05/2004)

I PROVIDER NO: I PERIOD: I PREPARED 11/17/2008

I 15-2018 I FROM 7/ 1/2007 I WORKSHEET D-4

I COMPONENT NO: I TO 6/30/2008 I

I 15-2018 I

TITLE XIX		HOSPITAL	OTHER	
WKST A	COST CENTER DESCRIPTION	RATIO COST TO CHARGES	INPATIENT CHARGES	INPATIENT COST
LINE NO.		1	2	3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS		4,800	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.593787		
41	RADIOLOGY-DIAGNOSTIC	.467018	127	59
42	RADIOLOGY-THERAPEUTIC	.620699		
44	LABORATORY	.176665	667	118
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.159167		
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.402143		
50	PHYSICAL THERAPY	1.048538	394	413
51	OCCUPATIONAL THERAPY	.654214	331	217
52	SPEECH PATHOLOGY	1.117111	675	754
53	ELECTROCARDIOLOGY	.267225		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.781976	909	711
56	DRUGS CHARGED TO PATIENTS	.213201	1,189	253
57	RENAL DIALYSIS	2.647916		
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		4,292	2,525
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES		4,292	

2552-96 v1701.100

2552-96 v1701.100

HEALTH FINANCIAL SYSTEMS	MCRS/PC-WIN	FOR OUR LADY OF PEACE HOSPITAL, INC.	IN LIEU OF FORM CMS-2552-96-E-3 (05/2007)
		I PROVIDER NO:	I PERIOD:
		I 15-2018	I FROM 7/ 1/2007
		I COMPONENT NO:	I TO 6/30/2008
		I 15-2018	I PART I

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS HOSPITAL

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	6,185,705
1.03	MEDICAID SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	278,952
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	6,464,657
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 \times 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 \times THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1)\}$.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	6,464,657
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	6,464,657
7	DEDUCTIBLES	14,080
8	SUBTOTAL	6,450,577
9	COINSURANCE	286,552
10	SUBTOTAL	6,164,025
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	133,649
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	93,554
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	6,257,579
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	

15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	6,257,579
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	6,164,025
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	93,554
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	
	----- FI ONLY -----	

2552-96 v1701.100

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR OUR LADY OF PEACE HOSPITAL, INC. IN LIEU OF FORM CMS-2552-96-E-3 (05/2007)
I PROVIDER NO: I PERIOD: I PREPARED 11/17/2008
CALCULATION OF REIMBURSEMENT SETTLEMENT I 15-2018 I FROM 7/ 1/2007 I WORKSHEET E-3
I COMPONENT NO: I TO 6/30/2008 I PART I
I 15-2018 I I

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
HOSPITAL

50 ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF)
OR 1.09 (IPF).
51 ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
52 ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE
OF MONEY. (SEE INSTRUCTIONS).
53 ENTER THE TIME VALUE OF MONEY.

2552-96 v1701.100

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING		8,952,379		
2 OF PERIOD				
3 NET INCOME (LOSS)		1,081,118		
4 TOTAL		10,033,497		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		10,033,497		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF		10,033,497		
PERIOD PER BALANCE SHEET				

	ENDOWMENT FUND		PLANT FUND	
	5	6	7	8
1 FUND BALANCE AT BEGINNING				
2 OF PERIOD				
3 NET INCOME (LOSS)				
4 TOTAL				
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL				
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF				
PERIOD PER BALANCE SHEET				

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

REVENUE CENTER

1	00
4	00
5	00
7	00
9	00
15	00
16	00
17	00
18	00
24	00
25	00

26 00 OPERATING EXPENSES

ADD (SPECIFY)

27	00
28	00
29	00
30	00
31	00
32	00

33 00 TOTAL ADDITIONS

DEDUCT (SPECIFY)

34	00
35	00
36	00
37	00
38	00

39 00 TOTAL DEDUCTIONS

40 00 TOTAL OPERATING EXPENSES

10,233,619

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR OUR LADY OF PEACE HOSPITAL, INC. IN LIEU OF FORM CMS-2552-96 (09/1996)

STATEMENT OF REVENUES AND EXPENSES I PROVIDER NO: I PERIOD: I PREPARED 11/17/2008

15-2018 I FROM 7/ 1/2007 I WORKSHEET G-3

I TO 6/30/2008 I

DESCRIPTION

1	TOTAL PATIENT REVENUES	28,351,079
2	LESS: ALLOWANCES AND DISCOUNTS ON	16,663,724
3	NET PATIENT REVENUES	11,687,355
4	LESS: TOTAL OPERATING EXPENSES	10,233,619
5	NET INCOME FROM SERVICE TO PATIENT	1,453,736
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	1,877
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER INCOME	3,277
25	TOTAL OTHER INCOME	5,154
26	TOTAL	1,458,890
	OTHER EXPENSES	
27	LOSS ON INVESTMENTS	377,772
28		
29		
30	TOTAL OTHER EXPENSES	377,772
31	NET INCOME (OR LOSS) FOR THE PERIO	1,081,118

2552-96 v1701.100

***FINGERPRINT Line 1 tpubWFB3pME:7BtMVJgo0mNVhbpW0

***FINGERPRINT Line 2 TB9Im0gCKjxebuxHUGuunyXDASKrX8

***FINGERPRINT Line 3 7r8154XiQz0Ct5In